

wills@work

Estate Planning
Starting Guide



Step 1: Estate Planning Information Questionnaire

I. Family Information: (Please include middle initials)

Name: _____	Name of Spouse: _____
Social Security No.: _____	Social Security No.: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
County: _____	County: _____
Telephone No.: _____	Telephone No.: _____
Occupation: _____	Occupation: _____
Business Address: _____	Business Address: _____
City, State, Zip: _____	City, State, Zip: _____
Date & Place of Birth: _____	Date & Place of Birth: _____
Citizenship: _____	Citizenship: _____

Children (If applicable)

Please list ALL your children, including deceased children and children born out of wedlock. List additional children on back if necessary. **Please identify any child who is not a natural or adopted child of both you and your spouse.**

Name of Child: _____	Name of Child: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____
Date of Birth: _____	Date of Birth: _____
Marital Status: _____	Marital Status: _____
Name of Child: _____	Name of Child: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____
Date of Birth: _____	Date of Birth: _____
Marital Status: _____	Marital Status: _____

Grandchildren *(If applicable)*

Name	Parents	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents

Husband's (or single man's) parents. Indicate date of death if deceased.

Name of Parent: _____	Name of Parent: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____
Age: _____ Date of death if deceased: _____	Age: _____ Date of death if deceased: _____

Wife's (or single woman's) parents. Indicate date of death if deceased.

Name of Parent: _____	Name of Parent: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____
Age: _____ Date of death if deceased: _____	Age: _____ Date of death if deceased: _____

Marriage Information

Date of Marriage: _____ Place of Marriage: _____

Have you and your spouse signed a premarital agreement? Yes _____ No _____

Have you or your spouse been divorced? Yes _____ No _____

Do you or your spouse have any children by prior marriage(s)? Yes _____ No _____

II. Financial Information

It is important to keep a current financial inventory as it will be very helpful to the personal representative in settling your estate, as well as to the person handling your financial affairs if you become incapacitated.

Cash, Savings and Checking Accounts, Certificates of Deposit and Money Market Funds

Financial Institution	How Titled? (husband, wife or both)	Estimated Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Stocks, Bonds and Mutual Funds (not including IRAs and retirement plans)

Company/Name	How Titled? (husband, wife or both)	Estimated Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Qualified Retirement Plans (pension, profit-sharing, IRA, 401K, 403B, SEP and other)

Company	Type of Plan	Participant	Beneficiary	Estimated Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Real Estate – Deeds

Address	Owner(s)	Value	Present Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Type of Policy <small>(Whole life, variable, universal, term)</small>	_____	_____	_____	_____
Insured Person	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Outstanding Loan	_____	_____	_____	_____

Personal Effects

	Owner(s)	Estimated Value
Automobiles	_____	_____
Boats	_____	_____
Motorcycles	_____	_____
Household Furnishings	_____	_____
Jewelry	_____	_____
Antiques/Collectibles	_____	_____
Others	_____	_____

Business Interests

	Business 1	Business 2
Name of Business	_____	_____
Type of Organization <small>(Sole Proprietorship, Partnership, LLC, Corp)</small>	_____	_____
Principal Business Activity	_____	_____
Percent of Ownership	_____	_____
Estimated Value of Your Interest	_____	_____

Other Significant Investments:

Document Storage

Where do you currently store important documents? _____

Do you have a Safe Deposit Box? Yes ___ No ___ Location: _____

Who has access to your safe deposit box? _____

Professional Advisors *(If applicable)*

Accountant

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Financial Advisor

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Insurance (Life)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Insurance (Prop./Casualty)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____



STEP 2: Representation & Instructions

Guardians *(If applicable)*

Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach the age of 18.

Guardian: _____ Alternate: _____

Relationship to you: _____ Relationship to you: _____

Personal Representative

Who should be Personal Representative (also known as Executor) of your estate? A Personal Representative is the person who will be responsible for probating your will and overseeing the payment of your debts, the collection of your assets, and the distribution of your assets according to your will. You may appoint more than one personal representative to act jointly.

Self

Personal Rep.: _____ Alternate: _____

Relationship to you: _____ Relationship to you: _____

Spouse *(If applicable)*

Personal Rep.: _____ Alternate: _____

Relationship to you: _____ Relationship to you: _____

Will Distribution

How would you like will to distribute your property at your death? (i.e. if you have children, distribute to them in equal shares?).

STEP 3: Planning For Lifetime Incapacity

Planning for lifetime incapacity is also an important part of an estate plan. Your incapacity could result from being injured in an accident or a sudden illness.

Financial Representation

Who will represent you in financial matters if you become incapacitated or otherwise unable to handle your finances? A power of attorney allows you to appoint someone you trust to act for you in handling your financial affairs in the event you are unable to do so.

Self

Attorney-in-Fact: _____	Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____

Spouse (If applicable)

Attorney-in-Fact: _____	Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____

Health Care Representation

Who will represent you in medical decisions if you are unable to communicate your wishes? A Health Care Directive can be used to appoint a person you trust to make health care decisions for you.

Self

Health Care Agent: _____	Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____

Spouse (If applicable)

Health Care Agent: _____	Alternate: _____
Relationship to you: _____	Relationship to you: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.(s): _____	Phone No.(s): _____

Trusts & Beneficiary Deed (optional)

Trusts

If you have chosen to include a Trust in your Wills@Work estate plan, please complete the following information. If your estate plan doesn't include a trust, you do not need to complete this section.

A Trustee is the person, bank or other institution responsible for managing and distributing the assets of your trust. This could be yourself and/or your spouse while you are alive. If you chose yourself and/or your spouse, an alternate trustee will be necessary should your trust continue after your death(s).

Trustee(s): _____

Alternate Trustee(s): _____

Beneficiaries of Trust: _____

How would you like the trust to distribute upon your death? IE, continue in trust if you have minor children? Distribute immediately to the trust beneficiaries?

Beneficiary Deed

If you have chosen to include a Beneficiary Deed in your Wills@Work estate plan, please complete the following information. If your estate plan doesn't include a beneficiary deed, you do not need to complete this section. You grantee can be the trustee of your trust (if you are completing a trust as part of your estate plan), the same as the beneficiaries in your will, or the grantee can be someone completely different. If you wish to also state a successor grantee (in case the original grantee dies before you), you may do so as well. You can leave the property to multiple people as well. For example, if you have two children and you want to leave the real estate to them, you can state both of them as grantees.

Address of Property being deeded: _____

Grantor(s): _____

Grantee(s): _____

Grantees as tenants in common or joint tenants with right of survivorship?:

(Tenants in common means their share passes to their descendants upon their death; joint tenants with right of survivorship means the surviving owner takes the deceased owner's share upon their death)

Successor Grantee(s): _____

Health Care Preferences

Do you agree or disagree with the following statement?

If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. However, I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even though some drugs or procedures may hasten my death.

Self

- Agree, I do not want prolonged life support.
- Disagree, I prefer to be kept alive by artificial means.

Spouse (If applicable)

- Agree, I do not want prolonged life support.
- Disagree, I prefer to be kept alive by artificial means.

Special Health Care Instructions (Self):

Special Health Care Instructions (Spouse [If applicable]):

Additional Information

Do you prefer to be buried or cremated?

Self _____ Spouse _____

Where do you want to be buried or interred?

Self _____ Spouse _____

Where do you want your memorial service?

Self _____ Spouse _____

Once starting guide is completed, please email completed PDF to info@mywillsatwork.com

